

10/672 824

Application or Docket Number

810124

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective January 1, 2003

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	44	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	44 minus 20 =	* 24
INDEPENDENT CLAIMS	9 minus 3 =	* 6
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	432.00
X42=		OR X84=	504.00
+140=		OR +280=	
TOTAL		OR TOTAL	1686.00

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	** 44	= —
Independent	* 4	Minus	*** 9	= —

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY  
OTHER THAN  
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 010124C1  
In Re Application of: Samir Soliman  
Serial Number: 10/672,824  
Filed: September 26, 2003  
Examiner: Gregory Lessing  
Group Art Unit: 3662

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

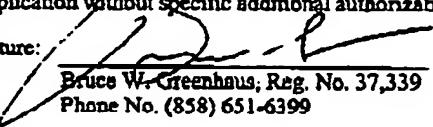
CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	27	44	0	x \$18 =	\$0
Independent**	4	9	0	x \$88 =	\$0
Multiple Dependent Claim(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$300	\$
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$
			<input checked="" type="checkbox"/> Two Months	\$430	\$430.00
			<input type="checkbox"/> Three Months	\$980	\$
TERMINAL DISCLAIMER				\$110	\$
				TOTAL FEE	\$430.00

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4.  Fee check in the amount of \$ \_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5.  Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$430.00.  
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: December 1, 2004

Signature: 

Bruce W. Greenhaus, Reg. No. 37,339  
Phone No. (858) 651-6399

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

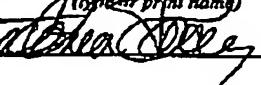
Depositor's Name: Victoria J. Pacey  
(type or print name)

Date: 12/27/2004

## FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Victoria J. Pacey  
(type or print name)

Signature: 

(TRANSAMD.VER1.13-04/30/04)

12/27/2004 EBURNS 00000001 170026 10672824

01 EC-1252 430.00 D9  
PAGE 2/13 RCVD AT 12/1/2004 6:35:32 PM [Eastern Standard Time] SVR:USPTO-EFXRF-1/2 DNIS:8729306 CSID:+ DURATION (mm:ss):04:04